

111TH CONGRESS
1ST SESSION

H. R. 1347

To amend title III of the Public Health Service Act to provide for the establishment and implementation of concussion management guidelines with respect to school-aged children, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 2009

Mr. PASCARELL (for himself, Mr. PLATTS, and Mr. MEEKS of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title III of the Public Health Service Act to provide for the establishment and implementation of concussion management guidelines with respect to school-aged children, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Concussion Treatment
5 and Care Tools Act of 2009” or the “ConTACT Act of
6 2009”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) Concussions are mild traumatic brain inju-
2 ries, the long-term effects of which are not well un-
3 derstood.

4 (2) As many as 3.8 million concussions related
5 to sports and recreation are estimated to occur in
6 the United States each year, although reliable data
7 does not exist on the incidence of concussions and
8 second impact syndrome among student athletes.

9 (3) There is an increased risk for subsequent
10 brain injuries among persons who have had at least
11 one previous brain injury.

12 (4) A repeat concussion, one that occurs before
13 the brain recovers from a previous concussion, can
14 slow recovery or increase the likelihood of having
15 long-term problems.

16 (5) In rare cases, repeat concussions can result
17 in second impact syndrome, which can be marked by
18 brain swelling, permanent brain damage, and death.

19 (6) Recurrent brain injuries and second impact
20 syndrome are highly preventable.

21 (7) Many national organizations, including the
22 American Academy of Neurology, the National Foot-
23 ball League, the American Academy of Family Phy-
24 sicians, and the Brain Injury Association of Amer-
25 ica, have adopted concussion management guide-

1 lines, but multiple directives have created confusion
2 and sparked debate.

3 **SEC. 3. CONCUSSION MANAGEMENT GUIDELINES WITH RE-**
4 **SPECT TO SCHOOL-AGED CHILDREN.**

5 Part B of title III of the Public Health Service Act
6 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
7 tion 317T the following:

8 **“SEC. 317U. CONCUSSION MANAGEMENT GUIDELINES WITH**
9 **RESPECT TO SCHOOL-AGED CHILDREN.**

10 “(a) CONCUSSION MANAGEMENT GUIDELINES.—

11 “(1) ESTABLISHMENT.—Not later than 2 years
12 after the date of the enactment of this section, the
13 Secretary shall establish concussion management
14 guidelines (hereinafter in this section referred to as
15 the ‘guidelines’) that address the prevention, identi-
16 fication, treatment, and management of concussions
17 in school-aged children, including standards for stu-
18 dent athletes to return to play after a concussion.

19 “(2) CONFERENCE.—The Secretary shall con-
20 vene a conference of medical, athletic, and edu-
21 cational stakeholders for purposes of assisting in the
22 establishment of the guidelines.

23 “(b) GRANTS TO STATES.—

1 “(1) IN GENERAL.—After establishing the
2 guidelines, the Secretary may make grants to States
3 for purposes of—

4 “(A) adopting, disseminating, and ensuring
5 the implementation by elementary and sec-
6 ondary schools of the guidelines; and

7 “(B) funding implementation by elemen-
8 tary and secondary schools of computerized pre-
9 season baseline and post-injury neuropsycholog-
10 ical testing for student athletes.

11 “(2) GRANT APPLICATIONS.—

12 “(A) IN GENERAL.—To be eligible to re-
13 ceive a grant under this section, the Secretary
14 shall require a State to submit an application to
15 the Secretary at such time, in such manner,
16 and containing such information as the Sec-
17 retary shall require.

18 “(B) MINIMUM CONTENTS.—The Secretary
19 shall require that an application of a State
20 under subparagraph (A) shall contain at a min-
21 imum—

22 “(i) a description of the strategies the
23 State will use to disseminate and ensure
24 the implementation by elementary and sec-
25 ondary schools of the guidelines, including

1 any strategic partnerships that the State
2 will form; and

3 “(ii) an agreement by the State to pe-
4 riodically provide data with respect to the
5 incidence of concussions and second impact
6 syndrome among student athletes in the
7 State.

8 “(3) UTILIZATION OF HIGH SCHOOL SPORTS
9 ASSOCIATIONS AND LOCAL CHAPTERS OF NATIONAL
10 BRAIN INJURY ORGANIZATIONS.—In disseminating
11 and ensuring the implementation by elementary and
12 secondary schools of the guidelines pursuant to a
13 grant under this section, the Secretary shall require
14 States to utilize, to the extent practicable, applicable
15 expertise and services offered by high school sports
16 associations and local chapters of national brain in-
17 jury organizations in such States.

18 “(c) COORDINATION OF ACTIVITIES.—In carrying
19 out activities under this section, the Secretary shall coordi-
20 nate in an appropriate manner with the heads of other
21 Federal departments and agencies that carry out activities
22 related to concussions and other traumatic brain injuries.

23 “(d) REPORTS.—

24 “(1) ESTABLISHMENT OF THE GUIDELINES.—

25 Not later than 2 years after the date of the enact-

1 ment of this section, the Secretary shall submit to
2 Congress a report on the implementation of sub-
3 section (a).

4 “(2) GRANT PROGRAM AND DATA COLLEC-
5 TION.—Not later than 4 years after the date of the
6 enactment of this section, the Secretary shall submit
7 to Congress a report on the implementation of sub-
8 section (b), including the number of States that have
9 adopted the guidelines, the number of elementary
10 and secondary schools that have implemented com-
11 puterized pre-season baseline and post-injury neuro-
12 psychological testing for student athletes, and the
13 data collected with respect to the incidence of con-
14 cussions and second impact syndrome among stu-
15 dent athletes.

16 “(e) DEFINITIONS.—In this section, the following
17 definitions apply:

18 “(1) The term ‘school-aged child’ means an in-
19 dividual who is 5 years of age through 18 years of
20 age.

21 “(2) The term ‘second impact syndrome’ means
22 catastrophic or fatal events that occur when an indi-
23 vidual suffers a concussion while symptomatic and
24 healing from a previous concussion.

1 “(3) The term ‘Secretary’ means the Secretary
2 of Health and Human Services, acting through the
3 Director of the Centers for Disease Control and Pre-
4 vention.

5 “(4) The term ‘State’ means each of the 50
6 States and the District of Columbia.

7 “(5) The term ‘student athlete’ means a school-
8 aged child in any of the grades 6th through 12th
9 who participates in a sport through such child’s ele-
10 mentary or secondary school.

11 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there is authorized to be appro-
13 priated to the Secretary \$5,000,000 for fiscal year 2010
14 and such sums as may be necessary for each of fiscal years
15 2011 through 2014.”.

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